

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-7-05 2 Serial/Patent #: 10/519627

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 100							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100							
8 TO BE REFUNDED BY:										
<input type="checkbox"/> Treasury Check										
<input checked="" type="checkbox"/> Credit Deposit A/C #:		9 <table border="1"><tr><td>1</td><td>9</td><td>--</td><td>2</td><td>1</td><td>7</td><td>9</td></tr></table>		1	9	--	2	1	7	9
1	9	--	2	1	7	9				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>								
SIGNATURE: <u>John Anderson</u>		PHONE: <u>308-9140 x 211</u>								
OFFICE: <u>PCT - DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B